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district; on the contrary from this point of view hereditary predisposition and syphilis seemed to him to be of manifestly greater importance.

Marie and Bonnet expressed similar views from personal statistical data, that especially alcohol more frequently than other poisons (lead, mercury, morphine), but in the same way as these, contributed to the development of the disease in the hereditarily affected.

Combemale referred to his observations made first at Montpellier and then at Lille on dogs that he had accustomed continually to alcohol drinking; between the fourth and eleventh months these animals manifested a series of characteristic physical and mental symptoms, and showed at the autopsy the same signs as progressive paralysis.

Christian disputed this similarity, and thought that in these cases there was probably an encephalitis which differed anatomically from the meningo-encephalitis of progressive paralysis.

MARIE, *Contribution à l'étude des troubles oculaires dans la paralysie générale*, Thèse de Paris 1890, No. 349.

The thesis of Dr. Marie contains nothing that is not already known about ocular troubles in general paralysis. His conclusions are that:

1. Ocular troubles (ophthalmoplegias, amauroses, etc.) are frequent in general paralysis. They have a special importance in that they may precede by several years the beginning of the affection.
2. These early troubles are transitory and incomplete in character.
3. Post-mortem examinations show that the initial diffusion of the lesion of general paralysis extends to the peripheral nervous system as well as to the portions of the cerebro-spinal axis.

Confusional Insanity.

In his review of Mental Diseases for 1891, in the Annual of the Universal Medical Sciences, Dr. Brush, in referring to the article by Connolly Norman on the subject of Confusional Insanity (see this JOURNAL, iv. p. 326), comments as follows on Wood's use of this term:

"It seems to us that Wood has somewhat overshot the mark in his attempt to simplify the nomenclature of insanity and its classification, and has incurred the risk of confusing distinct clinical forms of mental disorder. The term "stuporous insanity," for example, while applicable to a class of cases etiologically of the same origin, physical or mental exhaustion, disturbed nutrition or malnutrition, and auto-intoxication, conveys to the clinical alienist the idea of a class widely differing, in its clinical picture, from some of the cases he attempts to group together. The term "stuporous," while it describes an apparent state, is, we think, an unfortunate one. The majority of the cases are not stupid, but, on the contrary, alert and watchful. In some an overwhelming delusion of terror dominates, as it were, the patient, and prevents all attempts at spontaneity. In others, the impressions are normally received and interpreted, but response cannot be evoked. The patient is in some sense mentally paralyzed, but he is not stupid. We doubt not, indeed we know from observation, that cases which have been classed under the head of "confusional insanity" were able to carry on distinct trains of reasoning, starting, it must be admitted, from false premises, but arriving at distinct conclusions; and these same cases have, after convalescence, been able to clearly recall the events and ideas of the so-called confusional period."

IRELAND, *Torquato Tasso; a psychological study*, Alienist and Neurologist, 1891 XII. 477.

This study is based upon the various lives of the poet Tasso, which we possess in Italian and in English. The writer calls special attention